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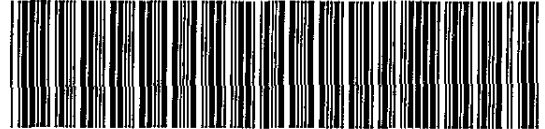
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHOOPAK & BARRY, P.L.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank N. Crossland, Esq.

(Name of Person)

Frank N. Crossland, P.A.

(Firm/Company)

29605 U.S. Highway 19 N., Suite 330

(Address)

Clearwater, FL 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank N. Crossland, Esq.

(Name of Person)

at

727

789-8300

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION 05 DEC 22 PM 1:41  
of  
SHOOPAK & BARRY, P.L. SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article I. Name.** The name of the professional limited liability company is:

SHOOPAK & BARRY, P.L.

**Article II. Effective Date and Duration.** The effective date for the commencement of existence of the professional limited liability company shall be the date when these articles of organization are filed, and the duration of its existence shall be perpetual.

**Article III. Purposes.** The professional limited liability company is organized for the following purposes:

- (a) To engage in the practice of orthodontic dentistry in the State of Florida.
- (b) To engage in and render the professional service involved only through those members, agents and employees of the professional limited liability company who are in good standing and duly licensed or otherwise legally authorized to render the same professional service of the professional limited liability company.
- (c) To invest the professional limited liability company's funds in real estate, mortgages, stocks, bonds and any other type of investments permitted by law.
- (d) To own real and personal property necessary for the rendition of the professional services hereby authorized.
- (e) To engage in no other business other than the rendition of the professional service specified herein.
- (f) To do everything that is necessary and proper in accomplishing the purposes herein set forth and to do anything incidental thereto which is not prohibited under the laws of the State of Florida.

**Article IV. Principal Office and Mailing Address.** The initial principal office address and initial mailing address of the professional limited liability company is: 4400 Bayou Boulevard, Suite 30-A, Pensacola, Florida 32503.

**Article V. Registered Office and Registered Agent.** The Florida street address of the initial registered office of the professional limited liability company is: 14564 Eagle Point Drive, Clearwater, Florida 33762. The name of the initial registered agent of the professional limited liability company at this office is Alan D. Shoopak, D.M.D.

**Article VI. Managing Members.** The name and address of the managing members of the professional limited liability company are:

Alan D. Shoopak, D.M.D. Orthodontic Group, P.A.  
14564 Eagle Point Drive  
Clearwater, Florida 33762

Daniel D. Barry, D.M.D., M.D.S.  
4400 Bayou Boulevard, Suite 30-A  
Pensacola, Florida 32503


Title: Managing Member

Title: Managing Member

**Article VII. Amendment.** The professional limited liability company reserves the right to amend, alter, change, or repeal any provision or provisions contained in these articles of organization, or any amendment thereto, in accordance with Chapters 608 and 621, Florida Statutes, as amended from time to time.

**IN WITNESS WHEREOF,** the undersigned member(s) of this professional limited liability company has/have executed these articles of organization on this the 15 day of December, 2005, in the State of Florida.

Alan D. Shoopak, D.M.D. Orthodontic Group, P.A.  
As Member / Managing Member

By:   
Alan D. Shoopak, D.M.D.

M.D.S.

As President of and on behalf of Member

  
Daniel D. Barry, D.M.D.,

As Member / Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Designation of Registered Office and Registered Agent  
for Service of Process within the State of Florida**

Pursuant to the provisions of sections 608.407(1)(c) and 608.415, Florida Statutes:

SHOOPAK & KAPLEY, P.L., organizing as a professional limited liability company under the laws of the State of Florida, with its registered office located at 14564 Eagle Point Drive, Clearwater, Florida 33762 (as indicated in the articles of organization accompanied by this statement of designation and acceptance), designates and appoints Alan D. Shoopak, D.M.D., as its initial registered agent to accept service of process at the aforesaid address, which address is designated as the professional limited liability company's registered office address for service of process within the State of Florida.

Executed in the State of Florida, this the 15 day of December, 2005.

Alan D. Shoopak, D.M.D. Orthodontic Group, P.A.  
As Member / Managing Member

By: 

Alan D. Shoopak, D.M.D.

M.D.S.

As President of and on behalf of Member

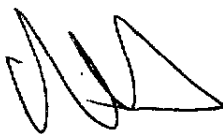
  
Daniel D. Barry, D.M.D.,

As Member / Managing Member

**Statement of Acceptance of Designation as Registered Agent**

Having been designated as initial registered agent to accept service of process for the above named professional limited liability company, at the registered office of the professional limited liability company designated in the articles of organization and this certificate, I hereby accept and agree to act in this capacity, acknowledge that I am familiar with, and accept, the obligations of this position, and further agree to comply with the duties and obligations imposed by, and in accordance with, the provisions of all statutes and laws of the State of Florida relating to the proper and complete performance of my duties in this capacity, as provided in Chapter 608, Florida Statutes.

Executed in the State of Florida, this the 15 day of December, 2005.



Alan D. Shoopak, D.M.D.  
Registered Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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